



## THE HUALAPAI TRIBE MINORS' TRUST TERMINATION REQUEST FORM



PROVIDENCE FIRST  
TRUST COMPANY

### 1. GENERAL INFORMATION OF THE MEMBER

Name: \_\_\_\_\_ Enrollment # \_\_\_\_\_

**You must attach a copy of a photo ID (such as a Driver's License).**

Mailing Address: \_\_\_\_\_  
(must match the address on file with the Tribe) City State Zip Code

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### 2. DISTRIBUTION INFORMATION

I hereby affirm that I am at least age eighteen (18) and I have accomplished all of the following requirements, making me eligible to receive the full balance of my trust account.

- ☒ Earned high school diploma or equivalent certificate
- ☒ Completed Hualapai cultural course offered by Hualapai Cultural Resource Department
- ☒ Completed financial literacy course approved by Tribal Council

### 3. PAYMENT METHOD

Please indicate which method of payment you want:

- ☐ Check, made payable to you and mailed to your address which must match the address on file with the Tribe to prevent fraud.
- ☐ Direct deposit to an existing checking/savings account of which you are an account holder. (You must complete the section below if you select this payment option).

Name on the Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

This is a: ☐ Checking Account, or ☐ Savings Account

**Attach a voided check or a letter from your bank confirming the information in this section.**

### 4. TAXES AND TAX WITHHOLDING

**REQUIRED Federal Taxes:** Please understand that all distributions from your Trust are subject to federal income taxes under the Indian Gaming Regulatory Act (IGRA), and will be reported as income to the IRS and to you on Form 1099. By default, taxes will be withheld at the Indian gaming revenue distribution rates (pursuant to IRS Publication 15-A) for beneficiaries over age 18, and taxes will be withheld at the Trust & Estate tax rates for beneficiaries age 18 and younger. However, you may elect to have additional taxes withheld if you have other income (or if you are a full-time student under age 24 who is claimed as a dependent) may cause you to be in a higher tax bracket. Such withholding will be forwarded to the IRS on your behalf and reported to you on Form 1099.

- ☐ Minimum (default – as described above)
- ☐ 20%
- ☐ 25%
- ☐ 30%

**OPTIONAL State Taxes:** Depending on where you live, trust distributions may also be subject to state income taxes. There is no required state tax withholding, but you may direct us to perform a state tax withholding, and we will forward it to your state. If you leave this blank, no state taxes will be deducted.

State: \_\_\_\_\_ Amount: \_\_\_\_\_ % of my gross distribution

**SIGNATURE**

I affirm that the information provided on this form is accurate and complete. I also consent to all information herein being shared with Hualapai Tribe as needed to process this request and proper administration of the Trust. I also understand and acknowledge that all distributions are subject to such further limitations as may be set forth in the Trust.

I hereby authorize Providence First Trust to initiate distributions from my trust to be electronically transferred to the bank account above until further notice. I understand that these instructions will remain in effect until I submit a new form changing or stopping these instructions.

I assume all risk of Providence First Trust transferring funds according to the directions above and I understand that Providence First Trust will not contact my bank to confirm the name on the account or whether I am an authorized signer on the account or whether there are other authorized signers on the account. I agree to hold Providence First Trust harmless inasmuch as it follows these instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
proved to me on the basis of satisfactory evidence to be the person who appeared before me.  
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Notary Stamp

When completed, submit form to: Providence First Trust Company  
By mail: 8840 E. Chaparral Rd., Suite 250, Scottsdale AZ, 85250  
By fax: 602-952-0018  
By email: hualapai@providencefirst.com

If you have any questions, please don't hesitate to call us at 602-952-2300 or toll free at 1-800-350-0208

**Please remember to attach:**

- ☐ Copy of your photo ID
- ☐ Copy of high school diploma or GED certificate, and any other supporting documentation
- ☐ Copy of a voided check if you select direct deposit as method of payment